

Liability Waiver and Release

Release executed on the ____ day of _____, 2007 (date of studio reservation)

the 'Releasor': _____

address: _____

the 'Releasee': 24562County Road 75 LLC (A.K.A) Area 19
24562County Road 75, St. Augusta, MN 56301

I, the Releasor, in consideration of being permitted to participate in the photography shoot in 24562County Road 75, scheduled for (date) _____, and run and/or operated by (Releasor) _____, WAIVE, RELEASE, and DISCHARGE the Releasee, its owners, officers, directors, employees, members, agents, assign, legal representatives and successors, and all business associates and partners involved in the presentation of the above noted activity and each of them their owners, officers and employees, from all liability for or by reason of any damage, loss or injury to person and property, even injury resulting in the death of the Releasor, which has been or may be sustained in consequence of the Releasor's participation in the activity described above, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Releasee.

I understand that no one will be permitted to participate in or observe the above noted activity unless he or she signs this Waiver and Release agreement.

I hereby acknowledge and agree that I have carefully read this Waiver and Release Agreement, that I fully understand same, and that I am freely and voluntarily executing same.

By signing this release I will be forever prevented from suing or otherwise claiming against the Releasee for any property loss or personal injury that I may sustain while participating in or preparing for the above noted activity.

I have been given the opportunity and have been encouraged to seek independent legal advice prior to signing this Waiver and Release agreement.

I understand that this Waiver and Release agreement is binding on me, my spouse, my heirs, my executors, administrators, personal representatives and assigns.

I acknowledge that I do not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent me from participating in the above mentioned activity, and, if required, will obtain a medical examination and clearance.

This release contains the entire agreement between the parties to this release and the terms of this release are contractual and not a mere recital.

This Waiver and Release Agreement will be construed in accordance with and governed by the laws of the State of MINNESOTA, and it is acknowledged by the Releasor to be as broad and inclusive as permitted by the laws of this jurisdiction.

I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEE(S).

The Releasor has executed this Waiver and Release at St. Augusta, Stearns County, MN on the _____ day of _____, 2007 (date of studio reservation).

Releasor's signature: _____

Date: _____

Releasee's signature: _____

Crew, Talent, Other Participants and/or Observers

I hereby acknowledge and agree I have read this Waiver and Release agreement, I fully understand same, and I am freely and voluntarily executing same.

I understand I will not be permitted inside the studio or on the studio grounds during the above noted activity unless I sign this Waiver and Release agreement.

Signature

Please print name:

